

9898

☐ VOID☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>  <b>Copy A</b> <b>For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>2005 General Instructions for Forms 1099, 1098, 5498, and W-2G.</b>
		\$		<div style="font-size: 2em; font-weight: bold;">2005</div> Form <b>1099-R</b>		
		2a Taxable amount				
		\$		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)		4 Federal income tax withheld		<b>2005 General Instructions for Forms 1099, 1098, 5498, and W-2G.</b>
		\$		\$		
RECIPIENT'S name		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		
		\$		\$		
Street address (including apt. no.)		7 Distribution code(s)	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other	%	
				\$		
City, state, and ZIP code		9a Your percentage of total distribution %		9b Total employee contributions \$		
Account number (see instructions)		10 State tax withheld \$		11 State/Payer's state no.		12 State distribution \$
		\$				\$
		13 Local tax withheld \$		14 Name of locality		15 Local distribution \$
		\$				\$

Form **1099-R**

Cat. No. 14436Q

Department of the Treasury - Internal Revenue Service

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		\$		<div style="font-size: 2em; font-weight: bold;">2005</div> Form <b>1099-R</b>		
		2a Taxable amount				
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PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)		4 Federal income tax withheld		<b>2005 General Instructions for Forms 1099, 1098, 5498, and W-2G.</b>
		\$		\$		
RECIPIENT'S name		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		
		\$		\$		
Street address (including apt. no.)		7 Distribution code(s)	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other	%	
				\$		
City, state, and ZIP code		9a Your percentage of total distribution %		9b Total employee contributions \$		
Account number (see instructions)		10 State tax withheld		11 State/Payer's state no.		12 State distribution
		\$				\$
		\$				\$
		13 Local tax withheld		14 Name of locality		15 Local distribution
		\$				\$
		\$				\$

Form **1099-R**


Cat. No. 14436Q

Department of the Treasury - Internal Revenue Service

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<b>a</b> Control number		OMB No. 1545-0008		<b>Safe, accurate, FAST! Use</b>  Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a> .	
<b>b</b> Employer identification number (EIN)				<b>1</b> Wages, tips, other compensation	<b>2</b> Federal income tax withheld
<b>c</b> Employer's name, address, and ZIP code				<b>3</b> Social security wages	<b>4</b> Social security tax withheld
				<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld
				<b>7</b> Social security tips	<b>8</b> Allocated tips
<b>d</b> Employee's social security number				<b>9</b> Advance EIC payment	<b>10</b> Dependent care benefits
<b>e</b> Employee's first name and initial      Last name				<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12
				<b>13</b> Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>12b</b>
				<b>14</b> Other	<b>12c</b>
					<b>12d</b>
<b>f</b> Employee's address and ZIP code					
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax
					<b>20</b> Locality name

Form **W-2** **Wage and Tax Statement** 2005 Department of the Treasury—Internal Revenue Service  
**Copy B—To Be Filed With Employee's FEDERAL Tax Return.**  
 This information is being furnished to the Internal Revenue Service.

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use 		Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a> .	
b Employer identification number (EIN)				1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
d Employee's social security number				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial      Last name				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State      Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

**Form W-2 Wage and Tax Statement**
**2005**
Department of the Treasury—Internal Revenue Service

**Copy B—To Be Filed With Employee's FEDERAL Tax Return.**  
 This information is being furnished to the Internal Revenue Service.

Complete form using BLACK INK

Place label here or print





Your social security number 		Spouse's social security number 	
Your legal last name		Legal first name and middle initial	
If a joint return, spouse's legal last name		Spouse's legal first name and middle initial	
Home address (number and street)			
City or post office		State	Zip code
<b>Filing status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint return (even if only one had income) <input type="checkbox"/> Head of household (with qualifying person). Also, check here if married. <input type="checkbox"/>		<b>State election campaign fund</b> If you want \$1 to go to the State Election Campaign Fund, check box(es). <input type="checkbox"/> You <input type="checkbox"/> Your spouse Checking the box(es) will not change your tax or refund. <b>Tax district</b> Check proper box and fill in name of city, village, or town, and the county in which you lived at the end of 2005. <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town Fill in name <input type="text"/> <b>County of</b> <input type="text"/> <b>School district</b> Fill in your school district number (see page 24) <input type="text"/>	

ENCLOSE withholding statements

PAPER CLIP payment here

1	Wages, salaries, tips, etc. (see page 4)	1	.00
2	Interest (see page 5)	2	.00
3	Ordinary dividends (from line 9a of federal Form 1040A or 1040)	3	.00
4	Capital gain distributions (see page 5)	4	.00
5	Unemployment compensation (from worksheet, page 5)	5	.00
6	Taxable IRA distributions, pensions and annuities, and social security benefits (see page 6)	6	.00
7	Add lines 1 through 6	7	.00
8	Educator expenses (see page 7)	8	.00
9	IRA deduction (see page 7)	9	.00
10	Student loan interest deduction	10	.00
11	Add lines 8, 9, and 10	11	.00
12	Subtract line 11 from line 7. This is your Wisconsin income	12	.00
13	If your parent (or someone else) can claim you (or your spouse) as a dependent, check here <input type="checkbox"/>	13	
14	Fill in the <b>standard deduction</b> for your filing status from table, page 16. <b>But</b> if you checked the box on line 13, fill in amount from worksheet, page 7	14	.00
15	Subtract line 14 from line 12. If line 14 is larger than line 12, fill in 0	15	.00
16	Deduction for exemptions (from line 6 of Exemption Worksheet, page 7)	16a	.00
	b Fill in number of dependents (do not count yourself or your spouse) <input type="text"/> You <input type="checkbox"/> Spouse <input type="checkbox"/>		
	c If you (or your spouse if filing joint) were <b>age 65 or over</b> , check here <input type="checkbox"/>		
17	Subtract line 16a from line 15. If line 16a is larger than line 15, fill in 0. This is your taxable income	17	.00
18	Tax. Use amount on line 17 to find your tax using table, page 17	18	.00
19	Armed forces member credit (must be stationed outside U.S., see page 8)	19	.00
20	School property tax credit		
	a Rent paid in 2005—heat included .00		
	Rent paid in 2005—heat not included .00		
	b Property taxes paid on home in 2005 .00		
21	Working families tax credit, see page 10	21	.00
22	Married couple credit. Complete schedule on reverse side	22	.00
23	Add lines 19 through 22. This is the total of your credits	23	.00
24	Subtract line 23 from line 18. If line 23 is larger than line 18, fill in 0. This is your net tax	24	.00

NOW GO TO THE NEXT PAGE →

25	Fill in net tax from line 24 .....	25	_____	.00
26	Sales and use tax due on out-of-state purchases (see page 11) .....	26	_____	.00
27	Endangered resources donation (decreases refund or increases amount owed) .....	 27	_____	.00
28	Packers football stadium donation (decreases refund or increases amount owed) .....	 28	_____	.00
29	Breast cancer research donation (decreases refund or increases amount owed) .....	 29	_____	.00
30	Veterans trust fund donation (decreases refund or increases amount owed) .....	 30	_____	.00
31	Add lines 25 through 30 .....	31	_____	.00
32	Wisconsin income tax withheld. Enclose withholding statements ...	32	_____	.00
33	2005 estimated tax payments and amount applied from 2004 return .	33	_____	.00
34	Earned income credit (see page 12) Qualifying Federal children ▶ _____ credit . . . . .	.00 x _____ % = . .	34	_____ .00
35	Homestead credit. Attach Schedule H or H-EZ .....	35	_____	.00
36	Eligible veterans and surviving spouses property tax credit .....	36	_____	.00
37	Add lines 32 through 36 .....	37	_____	.00
38	If line 37 is more than line 31, subtract line 31 from line 37. This is the <b>AMOUNT YOU OVERPAID</b>	38	_____	.00
39	Amount of line 38 you want <b>REFUNDED TO YOU</b> .....	39	_____	.00
40	Amount of line 38 you want <b>applied to your 2006 estimated tax</b> . . .	40	_____	.00
41	If line 37 is less than line 31, subtract line 37 from line 31. This is the <b>AMOUNT YOU OWE</b> . .	41	_____	.00
42	Underpayment interest. Also include on line 41 .....	42	_____	.00

**Sign below** Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Your signature \_\_\_\_\_ Spouse's signature (if filing jointly, BOTH must sign) \_\_\_\_\_ Date \_\_\_\_\_

**Mail your return to:** Wisconsin Department of Revenue  
 If tax due ..... PO Box 268, Madison WI 53790-0001  
 If homestead credit claimed .... PO Box 34, Madison WI 53786-0001  
 If refund or no tax due ..... PO Box 59, Madison WI 53785-0001

For Department Use Only

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		05									

## Married Couple Credit When Both Spouses Are Employed

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

		(A) YOURSELF	(B) YOUR SPOUSE
1	Wages, salaries, tips, and other employee compensation from line 1 of Form 1A. Do not include deferred compensation or scholarships and fellowships that are not reported on a W-2 .....	1 _____ .00	_____ .00
2	IRA deduction, if any, from line 9 of Form 1A .....	2 _____ .00	_____ .00
3	Subtract line 2 from line 1 .....	3 _____ .00	_____ .00
4	Compare amounts in columns (A) and (B) of line 3. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000 . . .	4 _____	.00
5	Rate of credit is .03 (3%) .....	5 _____	x .03
6	Multiply line 4 by line 5. Round the result and fill in here and on line 22 on reverse side .....	6 <b>Do not fill in more than \$480</b> _____	.00



Check box if an amended return ☐

Place label here or print

Claimant's social security number 		Spouse's social security number 	
Claimant's legal last name		Claimant's legal first name and middle initial	
Spouse's legal last name		Spouse's legal first name and middle initial	
Home address (number and street)			
City or post office		State	Zip code
Check proper box and fill in name of city, village, or town and the county in which you lived at the end of 2005. Fill in name <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		County of _____	
Daytime telephone number ( )			

- 1 a** What was your age as of December 31, 2005? (If you were under 18, you do not qualify for homestead credit for 2005.) . . . **1 a** Fill in age
- 1 b** If your spouse was age 65 or over as of December 31, 2005, check box 1b . . . . . **1 b** Check here ☐
- 2** Were you a legal resident of Wisconsin from 1-1-05 through 12-31-05? (If "No," you do not qualify.) . . . . . **2** ☐ Yes ☐ No
- 3** Were you claimed or will you be claimed as a dependent on someone else's 2005 federal income tax return? (If "Yes" and you were under age 62 on December 31, 2005, you do not qualify.) . . . . . **3** ☐ Yes ☐ No
- 4 a** Are you now living in a nursing home? (If "Yes," indicate the date you entered \_\_\_\_\_ and the nursing home name and address \_\_\_\_\_) . . . **4 a** ☐ Yes ☐ No
- 4 b** If "Yes," are you receiving medical assistance under Title XIX? (If both 4a and 4b are "Yes," you do not qualify.) . . . **4 b** ☐ Yes ☐ No
- 5** Did you become ☐ married **or** ☐ divorced in 2005? (If "Yes," fill in date \_\_\_\_\_; see page 12.) . . . **5** ☐ Yes ☐ No
- 6 a** If married for any part of 2005, did you and your spouse maintain separate homes during any part of the year? (If "Yes," see page 11.) . . . . . **6 a** ☐ Yes ☐ No
- 6 b** If you and your spouse maintained separate homes while married during 2005, did either spouse notify the other of their marital property income? (See page 11.) . . . . . **6 b** ☐ Yes ☐ No

**Household Income** Include all 2005 income as listed below. If married, include the incomes of both spouses. See pages 5 to 8.

- 7** Wisconsin income from your 2005 income tax return. If you **already filed** your tax return, check here. ☐ **Attach a copy marked "Duplicate."** (See page 3, Part C.1, paragraph 3.) . . . **7** \_\_\_\_\_ .00
- 8** If you or you and your spouse **are not filing** a 2005 Wisconsin return, fill in Wisconsin **taxable** income on lines 8a and 8b.
- a** Wages \_\_\_\_\_ .00 + Interest \_\_\_\_\_ .00 + Dividends \_\_\_\_\_ .00 = . . . **8 a** \_\_\_\_\_ .00
- b** Other taxable income. Attach a schedule listing each income item . . . . . **8 b** \_\_\_\_\_ .00
- 9 Nontaxable household income. Do not include amounts filled in on line 7 or 8.**
- a** Unemployment compensation . . . . . **9 a** \_\_\_\_\_ .00
- b** Social security, federal and state SSI, SSI-E, SSD, and caretaker supplement payments. Include Medicare premium deductions . . . . . **9 b** \_\_\_\_\_ .00
- c** Railroad retirement benefits. Include Medicare premium deductions . . . . . **9 c** \_\_\_\_\_ .00
- d** Pensions and annuities, including IRA, SEP, SIMPLE, and qualified plan distributions (see page 6) . . . **9 d** \_\_\_\_\_ .00
- e** Contributions to deferred compensation plans (see box 12 of wage statements, and page 6) . . . . . **9 e** \_\_\_\_\_ .00
- f** Contributions to IRA, self-employed SEP, SIMPLE, and qualified plans . . . . . **9 f** \_\_\_\_\_ .00
- g** Interest on United States securities (e.g., U.S. Savings Bonds) and state and municipal bonds . . . **9 g** \_\_\_\_\_ .00
- h** Scholarships, fellowships, grants (see page 6), and military compensation or cash benefits . . . . . **9 h** \_\_\_\_\_ .00
- i** Child support, maintenance payments, and other support money (court ordered) . . . . . **9 i** \_\_\_\_\_ .00
- j** Wisconsin Works (W2), county relief, kinship care, and other cash public assistance (see page 6) . . . **9 j** \_\_\_\_\_ .00
- 10** Add lines 7 through 9j. Enter here and on line 11a, at the top of page 2 . . . . . **10** \_\_\_\_\_ .00





<b>11 a</b> Enter amount from line 10 here .....	<b>11 a</b> .....	.00
<b>b</b> Workers' compensation, income continuation, and loss of time insurance (e.g., sick pay) .....	<b>11 b</b> .....	.00
<b>c</b> Gain from sale of home excluded for federal tax purposes (see instructions) .....	<b>11 c</b> .....	.00
<b>d</b> Other capital gains not taxable .....	<b>11 d</b> .....	.00
<b>e</b> Net operating loss carryforward and capital loss carryforward .....	<b>11 e</b> .....	.00
<b>f</b> Income of nonresident spouse or part-year resident spouse; nontaxable income from sources outside Wisconsin; resident manager's rent reduction; clergy housing allowance; and nontaxable Native American income .....	<b>11 f</b> .....	.00
<b>g</b> Partners', LLC members', and S corporation shareholders' distributive share of depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs. If none was claimed, write "None" on federal Schedule E, Part II, near the entity's name .....	<b>11 g</b> .....	.00
<b>h</b> Car or truck depreciation (standard mileage rate) .....	<b>11 h</b> .....	.00
<b>i</b> Other depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs ..	<b>11 i</b> .....	.00
<b>12 a</b> Subtotal. Add lines 11a through 11i .....	<b>12 a</b> .....	.00
<b>b</b> Number of qualifying dependents. Do not count yourself or your spouse (see page 8) _____ x \$250 =	<b>12 b</b> .....	.00
<b>c</b> Household income. Subtract line 12b from line 12a (if \$24,500 or more, no credit is allowed) ...	<b>12 c</b> .....	.00

**Taxes and/or Rent** See pages 8 to 10.

- ☐ Check here if your home was located on more than one acre of land and **was not** part of a farm; **see Schedule 1, page 3.**
- ☐ Check here if your home was located on more than one acre of land and **was** part of a farm.
- ☐ Check here if your home was used for purposes other than personal or farm use while you lived there in 2005; **see Schedule 2, page 3.**
- ☐ Check here if you received Wisconsin Works (W2) payments or county relief during 2005; **see Schedule 3, page 3.**

<b>13</b> Homeowners – Net <b>2005</b> property taxes on your homestead, whether paid or not .....	<b>13</b> .....	.00
<b>14</b> Renters— <b>Rent</b> from your rent certificate(s), line 13a (or Shared Living Expenses Schedule). <b>See pages 9 and 10.</b>		
Heat included (13b of rent certificate is "Yes") .....	<b>14 a</b> ▶ .....	.00 x .20 (20%) = <b>14 b</b> .....
Heat not included (13b of rent certificate is "No") .....	<b>14 c</b> ▶ .....	.00 x .25 (25%) = <b>14 d</b> .....
<b>15</b> Total of lines 13, 14b, and 14d (or amount from line 6 of Schedule 3) .....	<b>15</b> .....	.00

**Don't delay your refund:** **ATTACH** 2005 tax bill(s) (or closing statement) and/or original rent certificate(s).  
**ATTACH** ownership document (if the tax bill lists names other than yours). **See page 8.**

**Credit Computation**

<b>16</b> Fill in the smaller of (a) amount on line 15 or (b) \$1,450 .....	<b>16</b> .....	.00
<b>17</b> Using the amount on line 12c, fill in the appropriate amount from <b>Table A</b> (page 13) .....	<b>17</b> .....	.00
<b>18</b> Subtract line 17 from line 16 (if line 17 is more than line 16, fill in 0; no credit is allowable) ..	<b>18</b> .....	.00
<b>19</b> Homestead credit – Using the amount on line 18, fill in the credit from <b>Table B</b> (page 14) .....	<b>19</b> .....	.00

If you file a Wisconsin income tax return, attach this claim behind Form 1, 1A, or 1NPR.  
 Fill in your homestead credit (line 19) on line 35 of Form 1A; line 46 of Form 1 (**ATTACH** a complete copy of your **federal** income tax return and schedules); or line 71 of Form 1NPR.  
 You cannot file Form WI-Z with a homestead credit claim.

*Under penalties of law, I declare this homestead credit claim and all attachments are true, correct, and complete to the best of my knowledge and belief.*

Claimant's signature, date

Spouse's signature

**Sign Here** ▶

**Mail to:**

Wisconsin Department of Revenue  
 PO Box 34  
 Madison, WI 53786-0001



DON'T file this claim UNLESS a rent certificate or property tax bill (or closing statement) is included.

**For Department Use Only**

R	YR	T	D	A	C		
	05						



Name(s) shown on Schedule H

Claimant's social security number

**Note:** Include this page as part of Schedule H **only** if Schedule 1, 2, and/or 3 is completed.

### Schedule 1 Allowable Taxes – Home on More Than One Acre of Land

- **Homeowners:** Complete this schedule if your home was on more than one acre of land and was not part of a farm (as defined on page 4 of the instructions). Claim only the property taxes on one acre of land and the buildings on it.
- **Renters:** If your home was on more than one acre of land and was not part of a farm, do not complete Schedule 1, but see exception 4 under "Exceptions: Homeowners and/or Renters" (page 10) for instructions.
- Do **not** complete this schedule if your home was part of a farm. You may claim the property taxes on up to 120 acres of land adjoining your home and all improvements on those 120 acres.
- If you wish to use a different method to prorate your property taxes, attach to Schedule H your computation of allowable property taxes.

- 1 Assessed value of land (from tax bill) . . . . .
- 2 Number of acres of land . . . . .
- 3 Divide line 1 by line 2 . . . . .
- 4 Assessed value of improvements (from tax bill) . . . . .
- 5 Add line 3 and line 4 . . . . .
- 6 Add line 1 and line 4 (total assessed value) . . . . .
- 7 Divide line 5 by line 6 . . . . .
- 8 Net 2005 property taxes (see instructions for line 13 of Schedule H, on pages 8 to 10) . . . . .
- 9 Multiply line 8 by line 7. Fill in here and on line 13 of Schedule H or line 1 of Schedule 2 or 3 below . . . . .

### Schedule 2 Allowable Taxes/Rent – Home Used Partly for Purposes Other Than Farm or Personal Use

- Complete this schedule if your homestead (as defined on page 4 of the instructions) was not part of a farm but was used partly for purposes other than personal use while you lived there in 2005. Only the personal portion of your property taxes/rent may be claimed.
- "Other uses" include part business or rental use where a deduction is allowed or allowable for tax purposes, and a separate unit occupied by others rent free. See paragraph 3 under "Exceptions: Homeowners and/or Renters" (pages 9 and 10) for examples and additional information.

- 1 Net 2005 property taxes/rent or amount from line 9 of Schedule 1 (see pages 8 and 9) . . . . .
- 2 Percentage of homestead used solely for personal purposes . . . . .
- 3 Multiply line 1 by line 2. Fill in here and on line 13, 14a, or 14c of Schedule H, or on line 1 (or see line 2) of Schedule 3 below . . . . .

### Schedule 3 Taxes/Rent Reduction – Wisconsin Works (W2) or County Relief Recipients

Complete this schedule if, for any month of 2005, you received a) Wisconsin Works (W2) payments of any amount, or b) county relief payments of \$400 or more. If you received these payments for all 12 months of 2005, do not complete Schedule H; you do not qualify for homestead credit.

**Example:** You received Wisconsin Works payments for 4 months in 2005. Rent paid for 2005 was \$4,500, and heat was included.

#### Line

- 2 20% of rent paid ( $\$4,500 \times .20$ ) . . . . . \$900
- 4 Monthly rent ( $\$900 \div 12$ ) . . . . . \$ 75
- 5 Number of months **no** Wisconsin Works received . . . . . 8
- 6 Reduced rent ( $\$75 \times 8$  months) . . . . . \$600

In this example, \$600 would be filled in on line 15 of Schedule H.

- 1 Homeowners – fill in the net 2005 property taxes on your homestead . . . . .
- 2 Renters – if heat **was** included, fill in 20% (.20), or if heat **was not** included, fill in 25% (.25), of rent from line 13a of the rent certificate(s) or line 3 of Schedule 2 . . . . .
- 3 Add line 1 and line 2; fill in the **smaller** of a) the total of lines 1 and 2, or b) \$1,450 . . . . .
- 4 Divide line 3 by 12 . . . . .
- 5 Number of months in 2005 for which you did **not** receive a) any Wisconsin Works (W2) payments, or b) county relief payments of \$400 or more . . . . .
- 6 Multiply line 4 by line 5. Fill in here and on line 15 of Schedule H. Do not fill in line 13 or 14 . . . . .

**Note** Homeowners Age 65 or Older – The **Property Tax Deferral Loan Program** provides loans of up to \$2,500 to help individuals age 65 or older pay their property taxes. Qualified applicants may participate even if they receive homestead credit. For more information or loan application forms, write to Wisconsin Housing and Economic Development Authority, PO Box 1728, Madison, WI 53701-1728. **Do not use this address for homestead credit purposes.**

## 2005 Property Tax Bill / Closing Statement and Sale of Home Information

**Claimant purchased** home during 2005:

Enter the dates occupied during 2005   ►   From: \_\_\_\_\_ To: \_\_\_\_\_  
mo / day mo / day

### Claimant sold home during 2005:

Enter the dates occupied during 2005   ►   From: \_\_\_\_\_ To: \_\_\_\_\_  
mo / day mo / day

## SECTION 1 Tax Bill Information for Your Home (If more than one tax bill, see Section 2)

- 1** Year on property tax bill (must be 2005 property tax bill) \_\_\_\_\_

**2** Name of owner(s) as shown on property tax bill \_\_\_\_\_

---

**3** Type of owner(s) (*check only one box*) If box 3b is checked, answer 3b1, 3b2 (and 3b3 when applicable)

**a** ☐ Self and/or spouse, include life estate, lease, or use by self and/or spouse (e.g. ET UX, ET UM, HW, WF, LE, L EST, LF TEN, LU, LC, VNE)

**b** ☐ Self and/or spouse AND OTHERS (e.g., ET AL, multiple owners names)

**3b1** Enter your ownership percentage \_\_\_\_\_ %

**3b2** Enter amount of 2005 net property taxes you paid or will pay \$ \_\_\_\_\_ .00

**3b3** If all of the other owner(s) occupied your home during 2005, check box ☐

**c** ☐ Trust (e.g., TR, TRSE, TRS, TRST, UDT)

**d** ☐ Estate (e.g., EST)

**e** ☐ Partnership

**f** ☐ Corporation, Subchapter S Corporation, or Limited Liability Company

**g** ☐ Other If Other, fill in owner(s) type \_\_\_\_\_

---

**4** Address of property \_\_\_\_\_

**5** Assessed value of land ..... \$ \_\_\_\_\_ .00

**6** Assessed value of improvements ..... \$ \_\_\_\_\_ .00

**7** Number of acres of land (include decimals). If one acre or less, enter 1 acre ..... .

**8** Property taxes (without special assessments/charges and before lottery/gaming credit) ..... \$ \_\_\_\_\_ .00

**9** Lottery and gaming credit ..... \$ \_\_\_\_\_ .00

**10** Net property taxes after lottery/gaming credit ..... \$ \_\_\_\_\_ .00

## SECTION 2 Additional Tax Bill Information for Adjoining Property

	Tax Bill 2	Tax Bill 3	Tax Bill 4	Tax Bill 5	Tax Bill 6
1 Number of acres of land (include decimals) . . . .	.	.	.	.	.
2 Assessed value of land . . . . .	.00	.00	.00	.00	.00
3 Assessed value of improvements . . . . .	.00	.00	.00	.00	.00
4 Net taxes without special assessments/charges .	.00	.00	.00	.00	.00

### SECTION 3 Closing Statement and Sale of Home Information

- 1 Date home was sold \_\_\_\_\_
- 2 Name of seller(s) as shown on closing statement \_\_\_\_\_
- 3 Type of seller(s) (check only one box) If box 3b is checked, answer 3b1 (and 3b2 when applicable)
- a ☐ Self and/or spouse
- b ☐ Self and/or spouse AND OTHERS **3b1** Enter your ownership percentage \_\_\_\_\_%
- 3b2** If all of the other owner(s) occupied your home before it was sold, check box ☐
- c ☐ Other If Other, fill in seller(s) type \_\_\_\_\_
- 4 Address of home sold \_\_\_\_\_
- 5 Property taxes allocated to seller(s) on closing statement ..... \$ ..... .00
- 6 Selling price of home (do not include personal property items you sold with your home) ..... \$ ..... .00
- 7 Expense of sale (commissions, advertising, attorney fees, etc.) ..... \$ ..... .00
- 8 Adjusted basis of home sold (purchase price, improvements, etc.) ..... \$ ..... .00

# Rent Certificate

Wisconsin Department of Revenue

**NOTE:** Alterations on lines 1 to 13 or the signature line (whiteouts, erasures, etc.) will void this rent certificate. A rent certificate with an error should be discarded and a new one completed.

# 2005

## Renter (claimant)

Complete lines 1 to 5. Then have your landlord fill in lines 6 to 13 and sign.

- 1 Name \_\_\_\_\_
- 2 Social security number ► \_\_\_\_\_
- 3 Address of rental property (property must be in Wisconsin)  
\_\_\_\_\_  
\_\_\_\_\_
- 4 Time you actually lived here in 2005  
From (mo/day) \_\_\_\_ / \_\_\_\_ / 2005 To (mo/day) \_\_\_\_ / \_\_\_\_ / 2005
- 5 If your landlord will not sign your rent certificate, complete lines 6 to 13, attach rent verification (see instructions), and check this box. → ☐

## Landlord

Fill in lines 6 to 13 and sign.

- 6 Name \_\_\_\_\_
- 7 Address \_\_\_\_\_
- 8 Telephone number \_\_\_\_\_
- 9 a Is the rental property (line 3) subject to property taxes?  
☐ Yes ☐ No
- b If 9a is "No" and you are a sec. 66.1201 municipal housing authority that makes payments in lieu of taxes, check this box. → ☐
- 10a Is this rent certificate for rent of:  
A mobile home? ☐ Yes ☐ No  
A mobile home site? ☐ Yes ☐ No
- b Mobile home taxes or parking permit fees, or municipal fees you collected from this renter for 2005. \$ \_\_\_\_\_

- 11 Fill in lines 11a to 11e based on the period of time this rental unit was occupied **by this renter**. Use the additional columns on lines 11a and 11b only if rent rates changed during the year (see instructions). Do not include amounts received directly from a governmental agency.
  - a Rent collected **per month** for this rental unit for 2005. \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
  - b Number of months this rental unit was rented to this renter in 2005. \_\_\_\_\_
  - c Total rent collected for this rental unit for 2005. \$ \_\_\_\_\_
  - d Number of occupants in this rental unit – **do not count spouse or children under 18.** \_\_\_\_\_
  - e This renter's share of total 2005 rent. \$ \_\_\_\_\_
- 12 Value of food and services provided by landlord (this renter's share). \$ \_\_\_\_\_
- 13a Rent paid for occupancy only – Subtract line 12 from line 11e. \$ \_\_\_\_\_
  - b Was heat included in the rent? ☐ Yes ☐ No
  - c If a long-term care facility/CBRF/nursing home, check the method used to compute line 13a:  
☐ Standard rate (\$100 per week).  
☐ Percentage formula (fill in percentage) \_\_\_\_%.  
☐ Other method approved by Department of Revenue.

## Sign here

I certify that the information shown on this rent certificate is true, correct, and complete to the best of my knowledge.

Signature (by hand) of landlord or authorized representative

Date

## NEED HELP?

Contact any Department of Revenue office. Check your phone book for local listing.

You may also call:

(608) 266-8641 (Madison)  
(414) 227-4000 (Milwaukee)

## REMINDERS FOR RENTERS:

- If line 11d above is 2 or more and each occupant did not pay an equal share of the rent, see instructions for Shared Living Expenses Schedule.
- Schedule H or H-EZ must be completed and filed with this rent certificate.

## Shared Living Expenses Schedule

**Step 1:** List name(s) of other occupants:

\_\_\_\_\_  
\_\_\_\_\_

**Step 2:** List the amount of **all** shared living expenses (rent, food, utilities, and other) paid by all occupants and the amount that you paid:

Shared Living Expenses	Total Paid by All Occupants	Amount You Paid
Rent	1a)	1b)
Food	2a)	2b)
Utilities	3a)	3b)
Other	4a)	4b)
Total	5a)	5b)

**Step 3:** Using the amounts listed in Step 2, compute your allowable rent paid for occupancy only:

- 1 Total rent paid (line 1a) ..... 1 \_\_\_\_\_
- 2 Shared living expenses you paid (line 5b) ..... 2 \_\_\_\_\_
- 3 Total shared living expenses (line 5a) ..... 3 \_\_\_\_\_
- 4 Divide line 2 by line 3. Fill in decimal amount ..... 4 X . \_\_\_\_\_
- 5 Multiply line 1 by line 4 ..... 5 \_\_\_\_\_
- 6 Value of food and services provided by landlord (line 12 above) ..... 6 \_\_\_\_\_
- 7 Subtract line 6 from line 5. This is your allowable rent. Fill in here and on line 14a or 14c of Schedule H (line 9a or 9c of Schedule H-EZ) ... 7 \_\_\_\_\_

# Homestead Credit Notes and Attachments Checklist

1. Check all boxes that apply.
2. Fill in appropriate spaces.
3. Enter required notes and explanations in #31 data field.
4. When copies of documents are required, attach them to the Form W-RA, Required Attachments for Electronic Filing, that must be submitted.

The Schedule H instruction booklet page number for the description is indicated in the page column.

Description	Page
<input type="checkbox"/> 1 Former spouse must pay a tax liability owed to the Department of Revenue per attached divorce judgement . . . . .	4
<input type="checkbox"/> 2 Sources of income reported on Line 8b of Schedule H note is attached . . . . .	5
<input type="checkbox"/> 3 The distributive share of partnership, limited liability company (LLC), and tax-option (S) corporation depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs is "None" . . . . .	7
<input type="checkbox"/> 4 Car or truck expenses claimed using the standard mileage rate. <b>Fill in the number of miles</b> _____ . . . . .	7
<input type="checkbox"/> 5 Adjusted basis of car or truck reached zero using standard mileage rate . . . . .	7
<input type="checkbox"/> 6 Car or truck expenses claimed using the actual expense method . . . . .	7
<input type="checkbox"/> 7 The computation of gain from the sale or exchange of a principal residence excluded from taxable income under Section 121 of the Internal Revenue Code note is attached . . . . .	7
<input type="checkbox"/> 8 Claimant or spouse are age 65 or over and received no social security, SSI, or railroad retirement benefits . . . . .	8
<input type="checkbox"/> 9 All or part of a pension or annuity distribution includes a rollover or a tax-free exchange . . . . .	6
<input type="checkbox"/> 10 Nontaxable repaid amounts note is attached . . . . .	7
<input type="checkbox"/> 11 Very little or no household income note is attached . . . . .	8
<input type="checkbox"/> 12 Ownership of property document is attached . . . . .	8
<input type="checkbox"/> 13 Partial ownership interest was inherited with terms of the will requiring payment of all the property taxes. Copy of will is attached . . . . .	8
<input type="checkbox"/> 14 Personal property tax bill is for a mobile home . . . . .	8
<input type="checkbox"/> 15 Two or more property tax bills. Drawing showing description, size, and location of each parcel is attached . . . . .	8
<input type="checkbox"/> 16 No lottery and gaming credit on property tax bill. <b>Fill in the amount claimed \$</b> _____ . . . . .	9
<input type="checkbox"/> 17 No lottery and gaming credit on property tax bill. Lottery and gaming credit not claimed by homeowner . . . . .	9
<input type="checkbox"/> 18 Landlord will not sign rent certificate. Rent verification is attached . . . . .	9
<input type="checkbox"/> 19 Claimant moved during the year. Note of the address of each dwelling and the dates lived there is attached . . . . .	9
<input type="checkbox"/> 20 Less than 12 month's property taxes and/or rent are claimed. Note of where claimant lived for the balance of the year is attached . . . . .	9
<input type="checkbox"/> 21 When more than one acre of land is rented, note from landlord indicating the amount of rent for home and one acre of land is attached . . . . .	10
<input type="checkbox"/> 22 Moved to tax-exempt housing. Claiming property taxes for up to 12 months after the move note is attached . . . . .	10
<input type="checkbox"/> 23 <b>Married but separated all year:</b> Claimant and spouse did not reside together at all during the year and neither the claimant or claimant's spouse notified each other of marital property income . . . . .	11
<input type="checkbox"/> 24 <b>Married but separated all year:</b> Claimant and spouse did not reside together at all during the year and one or both spouses notified the other spouse of marital property income. Required information is attached . . . . .	11
<input type="checkbox"/> 25 <b>Married but separated part of year:</b> Required information is attached . . . . .	11
<input type="checkbox"/> 26 <b>Marriage took place during year:</b> Required information is attached . . . . .	12
<input type="checkbox"/> 27 <b>Divorce took place during year:</b> Claimant and spouse did not reside together at all during the year and neither the claimant or claimant's spouse notified each other of marital property income . . . . .	12
<input type="checkbox"/> 28 <b>Divorce took place during year:</b> Claimant and spouse did reside together for part of the year and/or one or both spouses notified the other spouse of marital property income. Required information is attached . . . . .	12
<input type="checkbox"/> 29 <b>Spouse died during year:</b> Date of death - ____ / ____ / <b>2005</b> . . . . .	12
<input type="checkbox"/> 30 Claimant resided in property address shown on tax bill but used a different mailing address on tax return . . . . .	—
<input type="checkbox"/> 31 Required notes and explanations in following data fields . . . . .	—

# 2005 Wisconsin Form EIC-A

**Earned Income Credit**  
Information for up to three qualifying children

## Instructions

Complete the information for each qualifying child for the Wisconsin Earned Income Credit. If you have more than three qualifying children, you only have to list three to get the maximum credit.

Qualifying Child Information	Child 1	Child 2	Child 3
	First Last	First Last	First Last
<b>1 Child's name</b>			
<b>2 Child's social security number</b>	____ - ____ - ____	____ - ____ - ____	____ - ____ - ____
<b>3 Child's relationship to you</b> (check one)	<input type="checkbox"/> Son or Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Other (explain relationship) _____	<input type="checkbox"/> Son or Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Other (explain relationship) _____	<input type="checkbox"/> Son or Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Other (explain relationship) _____
<b>4 Number of months child lived with you in 2005</b>  NOTE: If the child lived with you for more than half of 2005, but less than 7 months, enter "7". If the child was born or died in 2005, and your home was the child's for the entire time he or she was alive during 2005, enter "12".	____	____	____
<b>5 Child's year of birth</b>	____	____	____
<b>6 If the child was born before 1987 –</b>			
<b>a</b> Was the child under age 24 at the end of 2005 and a full time student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b> Was the child permanently and totally disabled during any part of 2005?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Label

(See page 18.)

Use the  
IRS label.Otherwise,  
please print  
or type.

## Presidential

## Election Campaign

L  
A  
B  
E  
L  
  
H  
E  
R  
E

Your first name and initial

Last name

OMB No. 1545-0085

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 18.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 18.

▲ You **must** enter  
your SSN(s) above. ▲Checking a box below will not  
change your tax or refund.Filing  
statusCheck only  
one box.1 ☐ Single2 ☐ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and  
full name here. ▶4 ☐ Head of household (with qualifying person). (See page 19.)If the qualifying person is a child but not your dependent,  
enter this child's name here. ▶5 ☐ Qualifying widow(er) with dependent child (see page 19)

## Exemptions

6a ☐ **Yourself.** If someone can claim you as a dependent, **do not** check  
box 6a.b ☐ **Spouse**c **Dependents:**

(1) First name

Last name

(2) Dependent's social  
security number(3) Dependent's  
relationship to  
you(4) ☒ If qualifying  
child for child  
tax credit (see  
page 21)Boxes  
checked on  
6a and 6bNo. of children  
on 6c who:• lived with  
you• did not live  
with you due  
to divorce or  
separation  
(see page 21)Dependents  
on 6c not  
entered aboveAdd numbers  
on lines  
above ▶

d Total number of exemptions claimed.

## Income

Attach  
Form(s) W-2  
here. Also  
attach  
Form(s)  
1099-R if tax  
was withheld.If you did not  
get a W-2, see  
page 22.Enclose, but do  
not attach, any  
payment.

7 Wages, salaries, tips, etc. Attach Form(s) W-2.

7

8a **Taxable** interest. Attach Schedule 1 if required.

8a

b **Tax-exempt** interest. **Do not** include on line 8a.

8b

9a Ordinary dividends. Attach Schedule 1 if required.

9a

b Qualified dividends (see page 23).

9b

10 Capital gain distributions (see page 23).

10

11a IRA

distributions.

11a

11b Taxable amount  
(see page 23).

11b

12a Pensions and  
annuities.

12a

12b Taxable amount  
(see page 24).

12b

13 Unemployment compensation and Alaska Permanent Fund dividends.

13

14a Social security  
benefits.

14a

14b Taxable amount  
(see page 26).

14b

15 Add lines 7 through 14b (far right column). This is your **total income**.

▶ 15

Adjusted  
gross  
income

16 Educator expenses (see page 26).

16

17 IRA deduction (see page 26).

17

18 Student loan interest deduction (see page 29).

18

19 Tuition and fees deduction (see page 29).

19

20 Add lines 16 through 19. These are your **total adjustments**.

20

21 Subtract line 20 from line 15. This is your **adjusted gross income**.

▶ 21



**Tax, credits, and payments****Standard Deduction for—**

• People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 31.

• All others:

Single or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of household, \$7,300

If you have a qualifying child, attach Schedule EIC.

**Refund**

Direct deposit? See page 10 and fill in 45b, 45c, and 45d.

**Amount you owe****Third party designee****Sign here**

Joint return? See page 18. Keep a copy for your records.

**Paid preparer's use only**

<b>22</b>	Enter the amount from line 21 (adjusted gross income).	22	
<b>23a</b>	Check <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind <b>Total boxes checked</b> <input type="checkbox"/> <b>23a</b>		
<b>b</b>	If you are married filing separately and your spouse itemizes deductions, see page 30 and check here <b>23b</b>	<input type="checkbox"/>	
<b>24</b>	Enter your <b>standard deduction</b> (see left margin).	24	
<b>25</b>	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	
<b>26</b>	If line 22 is \$109,475 or less, multiply \$3,200 by the total number of exemptions claimed on line 6d. If line 22 is over \$109,475, see the worksheet on page 32.	26	
<b>27</b>	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your <b>taxable income</b> .	27	
<b>28</b>	<b>Tax, including any alternative minimum tax</b> (see page 31).	28	
<b>29</b>	Credit for child and dependent care expenses. Attach Schedule 2.	29	
<b>30</b>	Credit for the elderly or the disabled. Attach Schedule 3.	30	
<b>31</b>	Education credits. Attach Form 8863.	31	
<b>32</b>	Retirement savings contributions credit. Attach Form 8880.	32	
<b>33</b>	Child tax credit (see page 36). Attach Form 8901 if required.	33	
<b>34</b>	Adoption credit. Attach Form 8839.	34	
<b>35</b>	Add lines 29 through 34. These are your <b>total credits</b> .	35	
<b>36</b>	Subtract line 35 from line 28. If line 35 is more than line 28, enter -0-.	36	
<b>37</b>	Advance earned income credit payments from Form(s) W-2.	37	
<b>38</b>	Add lines 36 and 37. This is your <b>total tax</b> .	38	
<b>39</b>	Federal income tax withheld from Forms W-2 and 1099.	39	
<b>40</b>	2005 estimated tax payments and amount applied from 2004 return.	40	
<b>41a</b>	<b>Earned income credit (EIC).</b>	41a	
<b>b</b>	Nontaxable combat pay election. <b>41b</b>		
<b>42</b>	Additional child tax credit. Attach Form 8812.	42	
<b>43</b>	Add lines 39, 40, 41a, and 42. These are your <b>total payments</b> .	43	
<b>44</b>	If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you <b>overpaid</b> .	44	
<b>45a</b>	Amount of line 44 you want <b>refunded to you</b> .	45a	
<b>b</b>	Routing number <input type="text"/> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number <input type="text"/>		
<b>46</b>	Amount of line 44 you want <b>applied to your 2006 estimated tax</b> .	46	
<b>47</b>	<b>Amount you owe.</b> Subtract line 43 from line 38. For details on how to pay, see page 51.	47	
<b>48</b>	Estimated tax penalty (see page 51).	48	
Do you want to allow another person to discuss this return with the IRS (see page 52)? <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No			
Designee's name <input type="text"/>		Phone no. <input type="text"/> ( <input type="text"/> )	Personal identification number (PIN) <input type="text"/>
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.			
Your signature <input type="text"/>		Date <input type="text"/>	Your occupation <input type="text"/>
Spouse's signature. If a joint return, <b>both</b> must sign. <input type="text"/>		Date <input type="text"/>	Spouse's occupation <input type="text"/>
Preparer's signature <input type="text"/>		Date <input type="text"/>	Preparer's SSN or PTIN <input type="text"/>
Firm's name (or yours if self-employed), address, and ZIP code <input type="text"/>		Check if self-employed <input type="checkbox"/>	EIN <input type="text"/>
		Phone no. <input type="text"/> ( <input type="text"/> )	



**(Form 1040A)**

(99)

OMB No. 1545-0085

**Your social security number**

1

2

3

4

## 5

6



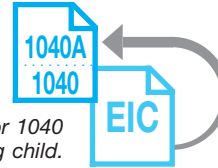
**SCHEDULE EIC**  
**(Form 1040A or 1040)**

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Earned Income Credit**  
**Qualifying Child Information**

Complete and attach to Form 1040A or 1040  
only if you have a qualifying child.



OMB No. 1545-0074

**2005**

Attachment  
Sequence No. **43**

Your social security number

**Before you begin:** See the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 66a and 66b, to make sure that **(a)** you can take the EIC and **(b)** you have a qualifying child.



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See back of schedule for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

**Qualifying Child Information**

**Child 1**

**Child 2**

**1 Child's name**

If you have more than two qualifying children, you only have to list two to get the maximum credit.

First name

Last name

First name

Last name

**2 Child's SSN**

The child must have an SSN as defined on page 42 of the Form 1040A instructions or page 44 of the Form 1040 instructions unless the child was born and died in 2005. If your child was born and died in 2005 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.

...

...

**3 Child's year of birth**

Year \_\_\_\_\_

*If born after 1986, skip lines 4a and 4b; go to line 5.*

Year \_\_\_\_\_

*If born after 1986, skip lines 4a and 4b; go to line 5.*

**4 If the child was born before 1987—**

**a** Was the child under age 24 at the end of 2005 and a student?

☐

**Yes.**

☐

**No.**

*Go to line 5.*

*Continue*

☐

**Yes.**

☐

**No.**

*Go to line 5.*

*Continue*

**b** Was the child permanently and totally disabled during any part of 2005?

☐

**Yes.**

☐

**No.**

*Continue*

The child is not a qualifying child.

☐

**Yes.**

☐

**No.**

*Continue*

The child is not a qualifying child.

**5 Child's relationship to you**

(for example, son, daughter, grandchild, niece, nephew, foster child, etc.)

**6 Number of months child lived with you in the United States during 2005**

- If the child lived with you for more than half of 2005 but less than 7 months, enter "7."
- If the child was born or died in 2005 and your home was the child's home for the entire time he or she was alive during 2005, enter "12."

\_\_\_\_\_ months

*Do not enter more than 12 months.*

\_\_\_\_\_ months

*Do not enter more than 12 months.*



You may also be able to take the additional child tax credit if your child **(a)** was under age 17 at the end of 2005, and **(b)** is a U.S. citizen or resident alien. For more details, see the instructions for line 42 of Form 1040A or line 68 of Form 1040.

**Exclusion of Interest From Series EE and I  
 U.S. Savings Bonds Issued After 1989**  
**(For Filers With Qualified Higher Education Expenses)**  
 ► Attach to Form 1040 or Form 1040A.

OMB No. 1545-1173

**2005**

Attachment  
 Sequence No. **57**

Name(s) shown on return

Your social security number

1 (a) Name of person (you, your spouse, or your dependent) who was enrolled at or attended an eligible educational institution	(b) Name and address of eligible educational institution

If you need more space, attach a statement.

2 Enter the total qualified higher education expenses you paid in 2005 for the person(s) listed in column (a) of line 1. See the instructions to find out which expenses qualify . . . . .	2		
3 Enter the total of any nontaxable educational benefits (such as nontaxable scholarship or fellowship grants) received for 2005 for the person(s) listed in column (a) of line 1 (see instructions)	3		
4 Subtract line 3 from line 2. If zero or less, <b>stop</b> . You <b>cannot</b> take the exclusion . . . . .	4		
5 Enter the total proceeds (principal and interest) from all series EE and I U.S. savings bonds <b>issued after 1989</b> that you <b>cashed during 2005</b> . . . . .	5		
6 Enter the interest included on line 5 (see instructions) . . . . .	6		
7 If line 4 is equal to or more than line 5, enter "1.000." If line 4 is less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .	7	×	
8 Multiply line 6 by line 7 . . . . .	8		
9 Enter your modified adjusted gross income (see instructions) . . . . . <b>Note:</b> If line 9 is \$76,200 or more if single or head of household, or \$121,850 or more if married filing jointly or qualifying widow(er), <b>stop</b> . You <b>cannot</b> take the exclusion.	9		
10 Enter: \$61,200 if single or head of household; \$91,850 if married filing jointly or qualifying widow(er) . . . . .	10		
11 Subtract line 10 from line 9. If zero or less, skip line 12, enter -0- on line 13, and go to line 14 . . . . .	11		
12 Divide line 11 by: \$15,000 if single or head of household; \$30,000 if married filing jointly or qualifying widow(er). Enter the result as a decimal (rounded to at least three places) . . . . .	12	×	
13 Multiply line 8 by line 12 . . . . .	13		
14 <b>Excludable savings bond interest.</b> Subtract line 13 from line 8. Enter the result here and on Schedule B (Form 1040), line 3, or Schedule 1 (Form 1040A), line 3, whichever applies . . ►	14		